

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | |
|---|-----------------------------------|--|------------------------------|
| 1 Date of Request: <u>4/25/06</u> | | 2 Serial/Patent # <u>09/779693</u> | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| | | | 6 AMOUNT |
| <input type="checkbox"/> | Filing | | \$ |
| <input type="checkbox"/> | Amendment | | \$ |
| <input checked="" type="checkbox"/> | Extension of Time | <u>W/FEE</u> | <u>3/27/06</u> \$ <u>510</u> |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | \$ |
| <input type="checkbox"/> | Petition | | \$ |
| <input type="checkbox"/> | Issue | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | \$ |
| <input type="checkbox"/> | Maintenance | | \$ |
| <input type="checkbox"/> | Assignment | | \$ |
| <input type="checkbox"/> | Other | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | |
| | | \$ <u>510</u> | |
| | | 8 TO BE REFUNDED BY: | |
| | | <input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>03--1952</u> | |
| 10 REASON: | | | |
| <input type="checkbox"/> | Overpayment | | |
| <input type="checkbox"/> | Duplicate Payment | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | |
| <u>extension filed after extendable period</u> | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>Sherry D. Brunkley</u> | | TITLE: <u>Petitions Examiner</u> | |
| SIGNATURE: <u>Sherry D. Brunkley</u> | | PHONE: <u>23204</u> | |
| OFFICE: <u>Petitions</u> | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>4/26/06</u> | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:



PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 578562001600 | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------|---|-----------|--|------------|-------------------------|--|--|-------|------|----|---|-------|-------|----|--|--------|-------|-----------|--|--------|-------|----|--|--------|--------|----|
| Application Number 09/779,693 | | Filed February 7, 2001 | | | | | | | | | | | | | | | | | | | | | | | | | |
| For COMPOSITIONS AND METHODS FOR ENHANCING DRUG DELIVERY ACROSS BIOLOGICAL MEMBRANES AND TISSUES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 1618 | | Examiner D.L. JONES | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;"></th><th style="width: 15%; text-align: center;"><u>Fee</u></th><th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th><th style="width: 30%;"></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: center;">\$120</td><td style="text-align: center;">\$60</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$450</td><td style="text-align: center;">\$225</td><td style="text-align: center;">\$</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$1020</td><td style="text-align: center;">\$510</td><td style="text-align: center;">\$ 510.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$1590</td><td style="text-align: center;">\$795</td><td style="text-align: center;">\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$2160</td><td style="text-align: center;">\$1080</td><td style="text-align: center;">\$</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u>. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,933</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;"> _____ Signature Robert K. Cerpa _____ Typed or printed name</div><div style="width: 45%; text-align: center;"><u>March 23, 2006</u> _____ Date <u>(650) 813-5715</u> _____ Telephone Number</div></div> <p style="font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.</p> | | | | | <u>Fee</u> | <u>Small Entity Fee</u> | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 510.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| | <u>Fee</u> | <u>Small Entity Fee</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | | | | | | | | | | | | | | | | | | | | | | | | |

03/28/2006 MBIZUNES 00000078 031952 09779693

01 FC:2253 510.00 DA

Adjustment date: 04/26/2006 CKHLOK
03/28/2006 MBIZUNES 00000078 031952 09779693
01 FC:2253 510.00 CR

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